



Request Form for a Reciprocal Pesticide Applicator's License from the State of Nebraska

PLEASE PRINT ALL INFORMATION REQUESTED

Applicator name: _____
First MI Last

Mailing address: _____

City/state/zip: _____

Date of birth: _____ Phone: () _____ Social Security Number: _____ - _____ - _____

Indicate all Nebraska categories you are requesting to be licensed in:

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Ag Plant | <input type="checkbox"/> 5S Sewer Root Control | <input type="checkbox"/> 10 Wood Preservation |
| <input type="checkbox"/> 1a Soil Fumigation | <input type="checkbox"/> 6 Seed Treatment | <input type="checkbox"/> 11 Fumigation |
| <input type="checkbox"/> 2 Ag Animal | <input type="checkbox"/> 7 Right-of-Way | <input type="checkbox"/> 12 Aerial |
| <input type="checkbox"/> 3 Forest | <input type="checkbox"/> 8 Structural/Health | <input type="checkbox"/> 14 Wildlife Damage Control |
| <input type="checkbox"/> 4 Ornamental and Turf | <input type="checkbox"/> 8W Wood-Destroying Organisms | <input type="checkbox"/> REG Regulatory |
| <input type="checkbox"/> 5 Aquatic | <input type="checkbox"/> 9 Public Health | <input type="checkbox"/> D/R Demonstration/Research |

Aerial applicators only: FAA Commercial License No.: _____

If you have questions related to the completion of this form, please contact NDA at (402) 471-2394.

Resident Agent Designation:

Name a person who is a resident of Nebraska and who will receive papers as your resident agent should enforcement actions be taken upon you. In lieu of a personally known representative, the applicant may designate, in writing, the Nebraska Secretary of State as their resident agent.

☐ Nebraska Secretary of State is designated as my resident agent

OR

Name/title of selected resident agent: _____

Address: _____ Phone: _____

License requested: Private (\$25) Commercial (\$90 fee) Non-Commercial (fee exempt)

Submit this form, along with the appropriate fee, and a **photocopy of your pesticide applicator's license for state of residence (plus a photocopy of FAA commercial license for pilots)** to:

Nebraska Department of Agriculture
Bureau of Plant Industry
P.O. Box 94756
Lincoln, NE 68509-4756

Make check payable to: Nebraska Department of Agriculture

OR Charge on credit card. ☐ Visa ☐ Mastercard Card Number: _____

Expiration Date: _____ Cardholder's Name: _____

Applicant's signature: _____ **Date:** _____

I attest that my certification has not been suspended or revoked in the past three years in any state or tribe. I certify that the statements made on this form are true, complete, and correct to the best of my knowledge and belief.